State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 DEC 31 PM 12:30

Annual Report for the year: 2021
Non-Profit Corporation
→ Filing period: February 1 - May 1
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation
000085175	Iglesia Fuente de Salvacion Misionera, Inc. M.I. La Senda Antigua
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: To provide Spiritual and/ or Material aid to Spanish / American Community.
4. NAICS Code: 813110 - Religious Organizati	

6. Principal Office Address	City	State	Zip
116 A Main Street	Woonsocket	RI	02895

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Wilson D. Marin			Vice-President Name: Jordan M. Gonzalez		
Street Address: 104 Sayles St. Apt. 205			Street Address: 242 Vose St. Apt. 2L		
City: Woonsocket	State: RI	Zip: 02895	City: Woonsocket	State: RI	Zip: 02895
Secretary Name: Marta R. Melendez			Treasurer Name: Sandra I. Maldonado		
Street Address: 104 Sayles St. Apt. 206			Street Address: 104 Sayles St. Apt. 206		
City: Woonsocket	State: RI	Zip: 02895	City: Woonsocket	State: RI	Zip: 02895

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Wilson D. Marin			Director Name: Karimar Huertas		
Street Address: 104 Sayles St. Apt. 205			Street Address: 104 Sayles St. Apt. 205		
City: Woonsocket	State: RI	Zip: 02895	City: Woonsocket	State: RI	Zip: 02895
Director Name: Orlando Rosario			Director Name: Jordan M. Gonzalez		
Street Address: 332 Carrington Avenue			Street Address: 242 Vose St. Apt. 2L		
City: Woonsocket	State: RI	Zip: 02895	City:	State:	Zip:

9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
Wilson D. Marin	12-29-21

Signature of Officer/Authorized Representative: Wilson D. Marin

FILED 12:31
DEC 31 2021
BY HGYNS

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 11/2021